

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEF	IND	DEF	IND	DEF		IND	DEF	IND	DEF	IND	DEF
1	1												
2		1											
3		3											
4		2											
5		0											
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50													
TOTAL IND.	1												
TOTAL DEF.		1											
TOTAL CLAIMS	12												
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